

**OMB Approval No. 0985-0018**

Expiration 3/31/2007

**Disaster Assistance**  
**Program Announcement and Grant Application**  
**Instructions**

**U.S. Administration on Aging**  
*2005*

**Department of Health and Human Services (HHS)**

**Administration on Aging (AoA)**

**AoA Center: Policy and Programs**

**Funding Opportunity Title: Disaster Assistance for Hurricane Katrina**

**Announcement Type: Initial**

**Funding Opportunity Number: HHS-2005-AoA-DA-0511**

**Catalog of Federal Domestic Assistance (CFDA) Number: 93.048**

**Key Dates: The deadline date for submission of applications is September 26, 2005.**

## **I. FUNDING OPPORTUNITY DESCRIPTION**

Grants awarded under this announcement are to provide disaster relief and assistance funds to those State Units on Aging (SUAs) and tribal organizations currently receiving a grant under Title VI of the Older Americans Act, as amended. These funds only become available when the President declares a National Disaster and may only be used in those areas designated in the Disaster Declaration issued by the President of the United States.

Eligible SUAs and Title VI grantees should discuss all disaster applications with Regional staff before submitting a formal application. The amount of funds requested should be discussed with Regional staff before the application is completed and providing a draft of the planned application is helpful. This will expedite the application and award process.

AoA encourages State Units on Aging (SUAs) and federally recognized tribal organizations currently receiving a grant under Title VI of the Older Americans Act to submit proposals electronically via [www.grants.gov](http://www.grants.gov). **For assistance with [www.grants.gov](http://www.grants.gov), please contact AoA's Grants.gov helpdesk at 202-357-3438.** At [www.grants.gov](http://www.grants.gov), you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

### **Statutory Authority**

The statutory authority for grants under this program announcement is contained in Title III of the Older Americans Act (OAA) (42U.S.C. 3030), as amended by the Older Americans Act Amendments of 2000, P.L. 106-501 (Catalog of Federal Domestic Assistance 93.048).

## II. AWARD INFORMATION

Awards made will be grants. The amount of funding available to applicants is determined by three factors: (1) the number of older persons affected; (2) the amount and severity of need and (3) the amount of disaster funds available as prescribed in the Older Americans Act.

## III. ELIGIBILITY INFORMATION

### 1. Eligible Applicants

- a. State Units on Aging whose states have been declared a federal disaster area by the President of the United States
- b. Federally recognized tribal organizations within the areas declared a federal disaster area who are currently receiving a grant under Title VI of the Older Americans Act, as amended.

### 2. Cost Sharing or Matching

None.

### Application Screening Criteria

1. Applications must be from State Units on Aging from those states that have been declared a federal disaster area by the President of the United States.
2. Federally recognized tribal organizations within the areas declared a federal disaster area who are currently receiving a grant under Title VI of the Older Americans Act, as amended.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. Electronic Application Submission

AoA encourages applicants to submit proposals electronically via [www.grants.gov](http://www.grants.gov). **For assistance with [www.grants.gov](http://www.grants.gov), please contact AoA's Grants.gov helpdesk at 202-357-3438.** At [www.grants.gov](http://www.grants.gov), you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Please note, AoA is requiring applications for this announcement to be submitted electronically through [www.grants.gov](http://www.grants.gov). The Grants.gov registration process can take several days. If you are not currently registered with [www.grants.gov](http://www.grants.gov), please begin this process immediately. **For assistance with [www.grants.gov](http://www.grants.gov), please contact AoA's Grants.gov helpdesk at 202-357-3438.** At [www.grants.gov](http://www.grants.gov), you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Applications submitted via [www.grants.gov](http://www.grants.gov) :

- You may access the electronic application for this program on [www.Grants.gov](http://www.Grants.gov). You must search the downloadable application page by the CFDA number (93.048).
- At the [www.grants.gov](http://www.grants.gov) website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through [www.grants.gov](http://www.grants.gov) because of the time delay.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- You may submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from [www.grants.gov](http://www.grants.gov) that contains a Grants.gov tracking number. The Administration on Aging will retrieve your application form from Grants.gov.
- We may request that you provide original signatures on forms at a later date.

## **2. Content and Form of Application Submission**

### **a. DUNS Number**

The Office of Management and Budget requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The D-U-N-S number is *free and easy* to obtain.

Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link:  
[https://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf).

### **b. Project Narrative**

A brief narrative must be submitted. The project narrative should provide a clear and concise description of the number of older persons affected, the severity and the types of assistance needed. Plans for how the SUA or tribal organizations will use these funds should be indicated. Costs typically requested are for the following types of gap-filling services: outreach, information and assistance, counseling, case management, advocacy on behalf of older persons unable or reluctant to speak for themselves, and staff overtime. Funds may be used for additional food, supplies, extra home delivered meals, home clean up and safety, emergency medications, transportation and other such immediate needs.

### **3. Submission Dates and Times**

The deadline for the submission of applications under this program announcement is September 26, 2005. Applications must be submitted electronically by midnight Eastern time, September 26, 2005.

### **4. Other Submission Requirements**

Electronic submissions must be sent to: <http://www.grants.gov>.

For applicants submitting their application through [www.grants.gov](http://www.grants.gov), you must register in the Central Contractor Registry (CCR) database in order to be able to submit the application. One element of the CCR is the DUNS number (see section IV.2), which must be obtained separately from CCR registration. Information about CCR is available at <http://www.grants.gov/CCRRegister>. You must also register with a Credential Provider to receive a username and password to securely submit your grant application. Information is available at <http://www.grants.gov/CredentialProvider>.

## **V. AWARD ADMINISTRATION INFORMATION**

### **1. Award Notices**

Applicants will receive an Approval letter, and a Notice of Financial Assistance Award. The Notice of Financial Assistance Award is the authorizing document, and will be signed by the AoA grants officer, the AoA authorizing official, and the AoA budget office.

### **2. Administrative and National Policy Requirements**

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and AoA Standard Terms and Conditions which are included with each grant Award Packet.

### **3. Reporting**

An original and two copies of the Final performance and SF-269 reports are due 90 days after the end of the project period. Awardees will receive a copy of the required program progress report form with their Notice of Financial Assistance Award. For more information see DHHS / AoA Standard Terms and Conditions.

## **VI. AGENCY CONTACTS**

Project Officer:  
U.S. Department of Health and Human Services  
Administration on Aging  
Washington, DC 20201

Attn: Irma Tetzloff  
Telephone: (202) 357-3525, e-mail: [Irma.Tetzloff@aoa.hhs.gov](mailto:Irma.Tetzloff@aoa.hhs.gov)

Grants Management Officer:  
U.S. Department of Health and Human Services  
Administration on Aging  
Washington, DC 20201  
Attn: Margaret Tolson  
Telephone: (202) 357-3440, e-mail: [Margaret.Tolson@aoa.hhs.gov](mailto:Margaret.Tolson@aoa.hhs.gov)

## **VIII. OTHER INFORMATION**

### **A. Order of Application Elements**

To expedite the processing of applications, we request that you arrange the components of your application in the following order:

1. SF 424 – Application for Federal Assistance. Note: The original copy of the application must have an original signature in item 18d on the SF 424.
2. SF 424A – Budget Information.
3. Separate Budget Justification (See Attachments for Sample Format).
4. SF 424B – Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
5. AoA Certification.
6. Project Narrative
7. Completed Application Package Checklist

### **B. The Paperwork Reduction Act of 1995 (P.L. 104-13)**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The project description and budget justification is approved under OMB control number 0985-0018 which expires on 3/31/07.

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

# **ATTACHMENTS**

**Attachment A:  
Application Package Checklist**

**Attachment B:  
Instructions for completing the Budget (SF424A) and  
Budget Justification**

**Attachment C:  
Budget Justification Format – Sample Format with  
Examples**

**Attachment D:  
Budget Justification – Sample Format**

## Attachment A:

### Grant Application Package Checklist

The checklist below identifies the items that must be included in your mail-in or hand-delivered application submission. Please check-off each item to ensure your submission is complete, and include a copy of the completed checklist in your application package. The components of your submission should be ordered in the same sequence as the items listed below.

I have checked my application package to ensure that it includes:

- ☐ One original application plus two copies, with the SF 424 as the first page of each copy of the application.
- ☐ SF 424 – Application for Federal Assistance.
- ☐ SF 424A – Budget Information.
- ☐ Budget Justification.
- ☐ SF 424B - Assurances.
- ☐ AoA Certification. Be sure this form is completed according to the instructions, signed and dated by the authorized representative (see item 18d on SF 424).
- ☐ A copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. (if applicable)
- ☐ Project Narrative
- ☐ Completed Grant Application Package Checklist



## Attachment B

# Instructions for completing the Budget (SF424A) and Budget Justification

This section provides step-by-step instructions for completing the four (4) standard federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of federal grant programs, and federal agencies have the discretion to require some or all of the information on these forms. AoA does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms. Please note that single-sided copies of all required forms must be used in submitting your application.

### a. Standard Form 424

Item 1. Mark “Non-Construction” under “Application”.

Item 2. Fill in the date you submit the application. The three “Identifier” boxes to the right of Items 2 through 4 should be left blank.

Item 3. Not applicable – Mark “NA”.

Item 4. Leave blank.

Item 5. Enter the legal name of the applicant organization; the name of the primary organizational unit responsible for managing the project; the organization’s DUNS number (received from Dun and Bradstreet); the applicant’s address; and the name and telephone number of the person to contact on matters related to this application.

Item 6. Enter the Employer Identification Number (EIN) of the applicant organization that has been assigned to the organization by the Internal Revenue Service. Please include the suffix to the EIN if known.

Item 7. Enter the appropriate letter in the box provided.

Item 8. Check the “New” box.

Item 9. Enter - Administration on Aging

Item 10. Enter – 93.048

Item 11. Enter the title of the project.

Item 12. List only one entity - it should be the largest political entity affected.

Item 13. Enter the start and end date for the upcoming budget period for the project. (NOTE: The start date usually coincides with the date AoA issues the grant award to the applicant organization, with the end date usually being 12 months later.)

Item 14. Enter the Congressional District(s) affected by the project.

Item 14a. Enter the Congressional District where the applicant organization is located.

Item 14b. Leave Blank

Item 15. **No Matching Required.**

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.

Item 16. Check b. No - Program is not covered by E.O. 12372

Item 17. This item applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.

Item 18. To be signed by the authorized representative of the applicant organization. A document attesting to that sign-off authority must be on file in the grantee's office.

**b. Standard Form 424A**

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this AoA program, many of the budget item columns and rows are not applicable. For your convenience, these non-applicable columns and rows have been shaded-out on the form. You should only consider and respond to the budget items for which guidance is provided below.

***Section A - Budget Summary***

Line 5: Leave columns (c) and (d) blank. Enter TOTAL federal costs in column (e) and total non-federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

## ***Section B - Budget Categories***

Column 3: Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

Column 4: Enter the breakdown of how you plan to use the non-federal share by object class category.

Column 5: Enter the total funds required for the project (the sum of Columns 3 and 4) by object class category.

### **Separate Budget Justification Requirement**

You must submit a separate budget justification as part of your application. **A blank sample format (and one with examples) has been included in the attachments for your use in developing and presenting your Budget Justification.** In your budget justification, you should include a breakdown of the budget which shows the costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. The justification should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Third party in-kind contributions and program income designated as non-federal match contributions should be clearly identified and justified separately from the justification for the budget line items. The full budget justification should be included in the application immediately following the SF 424 forms. **The budget justification should provide a detailed breakdown of large dollar values.**

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h - Other. In the Justification: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project in the budget justification.

Line 6b: Fringe Benefits: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate. In the Justification: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Line 6c: Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h. In the Justification: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances and transportation costs (including mileage rates).

Line 6d: Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful

life of more than one year and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e. In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Line 6e: Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d. In the Justification: Provide general description of types of items included.

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those, which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line. In the Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. Whenever the applicant/grantee intends to delegate a substantial part (one-third, or more) of the project work to another agency, the applicant/grantee must provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information and justifications.

Line 6g: Construction: Leave blank since construction is not an allowable cost under this AoA program.

Line 6h: Other: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits); non-contractual fees and travel paid directly to *individual* consultants; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities in the work plan. Describe the types of activities for staff development costs.

Line 6i: Total Direct Charges: Show the totals of Lines 6a through 6h.

Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency.

Justification: State governments should enter the amount of indirect costs determined in

accordance with DHHS requirements. An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

Line 6k: Total: Enter the total amounts of Lines 6i and 6j.

Line 7: Program Income: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). Note: Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, do not include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

### ***Section C - Non-Federal Resources***

Line 12: Enter the amounts of non-Federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in Column (e). Do not include program income unless it is used to meet the match requirement. Keep in mind that if program income used to meet the match requirement and the projected level of program income is not met, thereby decreasing the level of match, the amount of federal funds available to the grantee may be reduced if the match falls below required levels.

Section D - Forecasted Cash Needs - Not applicable.

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project

Line 20: NOTE: Leave this line blank. Section E is relevant only for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

### **Section F - Other Budget Information**

Line 22: Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is

applied, and the total indirect costs. Include a copy of your current Indirect Cost Rate Agreement.

Line 23: Remarks: Provide any other comments deemed necessary.

**c. Standard Form 424B - Assurances**

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration on Aging. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

**d. AoA Certification**

This form contains certifications that are required of the applicant organization regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (c) drug-free workplace requirements. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

**e. Other Application Components**

**Survey on Ensuring Equal Opportunity for Applicants**

The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for a HHS grant. Non-profit organizations, excluding private universities, are asked to include a completed survey with their grant application packet. Attached you will find the OMB approved HHS "Survey on Ensuring Equal Opportunity for Applicants" form (Attachment G). Your help in this data collection process is greatly appreciated.

**Proof of Non-Profit Status**

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

A copy of a currently valid IRS tax exemption certificate.

A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

**Indirect Cost Agreement**

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. This is optional for applicants that have not included indirect costs in their budgets.

### Attachment C: Budget Justification, Page 1 – Sample Format with EXAMPLES

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$45,000			\$45,000	Project Supervisor (name) = .3FTE @ \$50,000/yr = \$15,000 Project Director (name) = 1FTE @ \$30,000 = \$30,000
Fringe Benefits	\$12,600			\$12,600	Fringes on Supervisor and Director @ 28% of salary.  FICA (7.65%) = \$3,442 Health (12%) = \$5,400 Dental (5%) = \$2,250 Life (2%) = \$ 900 Workers Comp Insurance (.75%) = \$ 338 Unemployment Insurance (.6%) = \$ 270
Travel	\$3,967			\$3,967	Travel to Annual Grantee Meeting: Airfare: 1 RT x 2 people x \$750/RT = \$1,500 Lodging: 3 nights x 2 people x \$100/night = \$ 600 Per Diem: 4 days x 2 people x \$40/day = \$ 320  Out-of-Town Project Site Visits Car mileage: 3 trips x 2 people x 350 miles/trip  x \$ .365/mile = \$ 767 Lodging: 3 trips x 2 people x 1 night/ trip x \$50/night = \$300 Per Diem: 3 trips x 2 people x 2days/trip x \$40/day = \$480

**Attachment C: Budget Justification, Page 2 - Sample Format with EXAMPLES**

Object Class Category	Federal <b>Funds</b>	Non-Federal Cash	Non-Federal In-Kind	<u>TOTAL</u>	Justification
Equipment	0	0	0	0	No equipment requested
Supplies	\$3,500			\$3,500	Laptop computer for use in client intakes = \$1,340 Consumable supplies (paper, pens, etc.) \$100/mo x 12 months                         = \$1,200 Copying \$80/mo x 12 months                 = \$ 960
Contractual	\$250,000		0	\$250,000	Contracts to A,B,C direct service providers (name providers) adult day care contractor         = \$75,000 respite care contractor in home= \$75,000 respite care contractor-NF       = \$50,000 personal care/companion provider = \$50,000  See detailed budget justification for each provider (and then provide it!)



**Attachment C: Budget Justification, Page 3 – Sample Format with EXAMPLES**

<b>Other</b>	\$37,800			\$37,800	Local conference registration fee (name conference) = \$ 200 Printing brochures (50,000 @ \$ .05 ea) = \$ 2,500 Video production = \$19,800 Video Reproduction = \$ 3,500 NF Respite Training Manual reproduction \$3/manual x \$2000 manuals = \$ 6,000 Postage \$150/mo x 12 months = \$ 1,800 Caregiver Forum meeting room rentals \$200/day x 12 forums = \$ 2,400 Respite Training Scholarships = \$1,600
<b>Indirect Charges</b>	0	0	0	0	None
<b><i>TOTAL</i></b>	\$354,267			\$354,267	

## Attachment D: Budget Justification – Page 1 – Sample Format

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	<b>TOTAL</b>	Justification
<b>Personnel</b>					
<b>Fringe Benefits</b>					
<b>Travel</b>					
<b>Equipment</b>					

## Attachment D: Budget Justification – Page 2 – Sample Format

Object Class Category	Federal Funds	Non-Federal Cash	Non- Federal In-Kind	<b>TOTAL</b>	Justification
Supplies					
Contractual					
Other					
Indirect Charges					
<b>TOTAL</b>					

